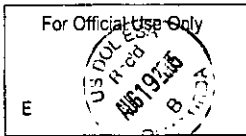


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number J - 13059	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name James T Barnett  P.O. Box, Bldg., Room No., if any  Street 11 C. Cromwell Place  City Mohegan Lake  State New York ZIP Code + 4 10457	4. Name, file number, and address of labor organization.  Name I.U.P.A.T. District Council No. 9 AFL-CIO  Labor Organization File Number 006-770  P.O. Box, Building and Room Number, if any  Street 45 West 14th Street  City New York  State New York ZIP Code + 4 10011-7419
5. Position in labor organization. Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  None  7.b. Amount.  \$0

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed James Barnett On 8/15/06 (212) 255-2950  
Date Telephone Number

Name of Person Filing James Barnett	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Koehler &amp; Isaacs, LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 29th Floor</p> <p>Street 120 Broadway</p> <p>City New York</p> <p>State New York ZIP Code + 4 10271</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Fees paid for legal services for calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$149,189</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Holiday Gift.</p>
	<p>12.b. Amount. \$75</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>None</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$0</p>

Name of Person Filing James Barnett

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Master Painters Association of New York City

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 506

Street 50 East 42nd Street

City New York

State New York ZIP Code + 4 10017

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Amounts paid to the Employers Association of the  
Painting Industry in New York for the calendar year  
2004:

Convention - \$2,500

Advertising - \$ 600

Contributions - \$ 200

11.b. Approximate dollar value of such dealing. \$3,300

## 12.a. Nature of interest held or income received.

Lunch with Association members regarding contract  
negotiations.

12.b. Amount. \$40

Name of Person Filing James Barnett	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$8,707,288</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting with insurance carrier representative.</p> <p>12.b. Amount. \$40</p>

Name of Person Filing James Barnett	File Number U-
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**Part B Continuation Page**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name Joint Apprentice and Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p><b>9. Business deals with:</b></p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name Joint Apprentice and Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>Related organization.</p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> \$0</p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p>Attendance at Apprentice graduation BBQ.</p> <p><b>12.b. Amount.</b> \$30</p>

Name of Person Filing James Barnett

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## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Joint Apprentice and Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011-7419

## 9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name

Name Joint Apprentice and Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011-7419

## 11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Lunch with director of training center.

12.b. Amount.

\$10

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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Koerler &amp; Isaacs, LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 29th Floor</p> <p>Street 120 Broadway</p> <p>City New York</p> <p>State New York ZIP Code + 4 10271</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Fees paid for legal services for calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$149,189</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Holiday Party.</p> <p>12.b. Amount. \$40</p>

Name of Person Filing James Barnett

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## Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Master Painters Association of New York City</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Room 506</p> <p>Street 50 East 42nd Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10017</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004:</p> <p>Convention - \$2,500</p> <p>Advertising - \$ 600</p> <p>Contributions - \$ 200</p>
	<p>11.b. Approximate dollar value of such dealing. \$3,300</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Annual installation dinner for association officer.</p> <p>12.b. Amount. \$60</p>



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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name If any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$8,707,288</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting with insurance carrier representative.</p> <p>12.b. Amount. \$40</p>